

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$2,353.38 for date of service 02/06/01.
- b. The request was received on 02/01/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution dated 05/29/02
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/17/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 05/20/02. The response from the insurance carrier was received in the Division on 05/31/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

The Provider did not submit a letter requesting dispute resolution.

2. Respondent:

“Carrier will assume, in the absence of any TWCC-60 or supporting documentation, that requestor is disputing the denial of pre-authorization of services actually provided on 2/7/01. The documentation in Carrier’s possession indicates the services in dispute were actually provided on 2/7/01. Accordingly, the issue of pre-authorization is moot.”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/06/01.
- The denial code listed on the EOB is “Z-PREAUTHORIZATION REQUESTED BUT DENIED PER INSURER DECISION.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/06/01	62284	\$2,353.38	\$0.00	A		TWCC Rule 134.600 (h)	According to the Rule referenced, the services must be pre-authorized. There is not a pre-authorization approval letter in the Requestor’s packet. The carrier submitted a letter dated 06/04/2001 from the insurance carrier denying pre-authorization. Therefore, pre-authorization was not obtained and reimbursement is not recommended.
Totals		\$2,353.38	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 19th day of July 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.